



20__ SALES/USE TAX LICENSE APPLICATION
License Fee \$25.00

1 Trade (DBA) Name of Business			
Taxpayer Name Owner(s), Partner(s), or Corporation			
Business Location Address -Street, City, State, Zip-			
Mailing Address (if different) -Street, City, State, Zip-			
Local Business Phone () ext.	Local Business Fax ()	Business Email	
Licensing Office Phone () ext.	Licensing Office Fax ()	Licensing Office Email	
Tax Office Phone () ext.	Tax Office Fax ()	Tax Office Email	
Owner Name, Phone, & Address (Or attach officer listing)			

2 Type of Ownership	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S. Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (Please Specify)			
Primary Business	<input type="checkbox"/> Agriculture <input type="checkbox"/> Apparel/Accy's <input type="checkbox"/> Auto/Gas <input type="checkbox"/> Bldg Materials <input type="checkbox"/> Comm/Util/Trans <input type="checkbox"/> Construction <input type="checkbox"/> Eating/Drinking <input type="checkbox"/> Finance/Leasing <input type="checkbox"/> Food Stores <input type="checkbox"/> Furniture/Appliance <input type="checkbox"/> Gen Merchandise <input type="checkbox"/> Manufacturing <input type="checkbox"/> Pers/Bus Services <input type="checkbox"/> Other Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Other (Please Specify)			
Federal Tax I.D.	_____ - _____			
Colorado State Sales Tax #	_____ - _____			
Sales/Use Tax Filing Period	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual \$100 or more/mo \$99 or less/mo \$50 or less/yr \$25 or less/yr			
Do you want us to mail you City tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Blank and self-calculating City tax returns are available on-line at www.louisvilleco.gov	
Date Business Started/Will Start, or Date of First Sale in Louisville	____/____/____			
Is Your Business Physically Located in the City of Louisville	<input type="checkbox"/> Yes If "Yes" you must sign this page and complete Page 2. <input type="checkbox"/> No If "No" please sign and date application and submit with fee.			

3 I declare under penalty of perjury that the statements made in this application are true and complete to the best of my knowledge.	
Applicant or Authorized Agent Signature	Date
Applicant Name (PRINT)	<input type="checkbox"/> New Application
Applicant Title	<input type="checkbox"/> Renewal



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(This form is ONLY for businesses and home occupations with a physical location in Louisville)

4	Trade (DBA) Name of Business				
	Louisville Location Address -Street, City, State, Zip-				
	CEO				
	Name, Address, Phone, Email	() ext.	@		
	Manager/Administration				
	Name, Address, Phone, Email	() ext.	@		
	Company Web Site	Years in Current Location	Previous Address		
Number of Employees in Louisville		Full-Time	Part-Time	Seasonal	Ind Consultants

5	Do you Own or Lease your Building? <input type="checkbox"/> Own <input type="checkbox"/> Lease (if leased, please complete landlord information)		
	Landlord Name, Phone# & Address for this Louisville Location: () ext.		
	Type of Business/Sales (Detailed Description of Business Operations)		
	Total Square Footage of Location:	Will there be changes or modifications to this site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you report hazardous materials under EPCRA or 112R?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of MSD Sheets and/or on-site Hazmat Inventory List
	Normal Business Hours	Who should the City contact for a site visit?	

6	Home Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, total finished square footage of this home in Louisville:	Total finished square footage of work area:	
	By signing this application, you agree to the conduct your home-based business subject to the terms and limitations described in Section 17-16-040 of the Louisville Municipal Code. It is the applicants responsibility to review the Code.		

7	Date this business was purchased:	Did the sale include any assets, equip, or similar? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Former Name of Business (At this location)	
	Emergency Contact & Phone#	()
	Burglar Alarm (Name & Phone)	()
	Fire Alarm (Name & Phone)	()

FOR CITY USE ONLY

8	Signature/Comments		
	Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	